

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**COVERAGE AND CONDITIONS OF ELIGIBILITY**

Agency*	Citation	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)		
IV-A	<input type="checkbox"/>	(5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
IV-A	<input type="checkbox"/>	(6) Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> .

\* Agency that determines eligibility for coverage.

TN No. 93-04  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 01-03-94

Effective Date 06-16-93

HCFA ID: 7983E

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**COVERAGE AND CONDITIONS OF ELIGIBILITY**

Agency\*      Citation

Groups Covered

**B.      Optional Groups Other Than the Medically Needy (Continued)**

IV-A      1902(a)(10)(A)(ii)  
(VIII) of the Act



8.

A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special care needs for medical or rehabilitative care, and who before execution of the agreement--

a.      Was eligible for Medicaid under the State's approved Medicaid plan; or

b.      Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State cover individuals under the age of--

☒ 21      ☐ 20      ☐ 19      ☐ 18

\* Agency that determines eligibility for coverage.

TN No.      93-04

Approval Date      01-03-94

Effective Date      06-16-93

Supersedes

TN No.      88-07

HCFA ID:      7983E

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State of VIRGINIA

**COVERAGE AND CONDITIONS OF ELIGIBILITY**

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Agency*	Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

- |      |   |   |
|------|---|---|
| IV-A | 42 CFR 435.223                                  | <input type="checkbox"/> 9. Individuals who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:   |
|      | 1902(a)(10)(A)(ii)<br>and 1905(a) of the<br>Act | <input type="checkbox"/> Individuals under the age of--<br><br><input type="checkbox"/> 21 <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18<br><br><input type="checkbox"/> Caretaker relatives<br><br><input type="checkbox"/> Pregnant women |

\* Agency that determines eligibility for coverage.

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Agency*	Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

IV-A	42 CFR 435.230	<input type="checkbox"/> 10. <u>States using SSI criteria with agreements under §§1616 and 1634 of the Act</u>
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The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

- ☐ (1) All aged individuals.
- ☐ (2) All blind individuals.
- ☐ (3) All disabled individuals.

\* Agency that determines eligibility for coverage.

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TN No. 87-01

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Agency*	Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

IV-A		<input type="checkbox"/> (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	42 CFR 435.230	<input type="checkbox"/> (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input type="checkbox"/> (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input type="checkbox"/> (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input type="checkbox"/> (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input type="checkbox"/> (9) Individuals in additional classifications approved by the Secretary as follows:

\* Agency that determines eligibility for coverage.

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Agency*	Citation	Groups Covered
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IV-A

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

☐ Yes.

☐ No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

\* Agency that determines eligibility for coverage.

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B. Optional Groups Other Than the Medically Needy (Continued)

IV-A	42 CFR 435.121, 435.230 1902(a)(10)(A)(ii) (IX) of the Act	<input checked="" type="checkbox"/> 11. <u>§1902(f) States and SSI Criteria States without agreements under §§1616 and 1634 of the Act</u>
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The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- ☐ (1) All aged individuals.
- ☐ (2) All blind individuals.
- ☐ (3) All disabled individuals.

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

## COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation	Groups Covered
IV-A	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
		<input checked="" type="checkbox"/> (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input checked="" type="checkbox"/> (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input checked="" type="checkbox"/> (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input type="checkbox"/> (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input checked="" type="checkbox"/> (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input type="checkbox"/> (9) Individuals in additional classifications approved by the Secretary as follows:

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Agency*	Citation	Groups Covered
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IV-A

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

☐ Yes.

☒ No.

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B. Optional Groups Other Than the Medically Needy (Continued)

IV-A	42 CFR 435.231 1902(a)(10)(A)(ii)(V of the Act	<input checked="" type="checkbox"/> 12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> .
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☒ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

1902(a)(10)(A)(ii)  
and 1905(a) of the  
Act

☐ Aged

☐ Blind

☐ Disabled

☐ Individuals under the age of--

☐ 21    ☐ 20    ☐ 19    ☐ 18

☐ Caretaker relatives

☐ Pregnant women

\* Agency that determines eligibility for coverage.

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